

MARYLAND INFLUENZA SURVEILLANCE REPORT



Office of Epidemiology and Disease Control Programs | Maryland Department of Health and Mental Hygiene

- Visits to sentinel providers for influenza-like illness are below baseline
- There have been no confirmed cases of influenza reported to DHMH
- There have been no influenza outbreaks reported to DHMH
- Dr. W. Graeme Laver, pioneer in the study of influenza, passed away at age 79
- Washing your hands is still tops when it comes to preventing the spread of disease

WEEK 40, 2008

INSIDE:

Isolates & Outbreaks **2**

Help Us Track Flu! **3**

Dr. Graeme Laver (1929-2008) **3**

Wash Your Hands! **4**

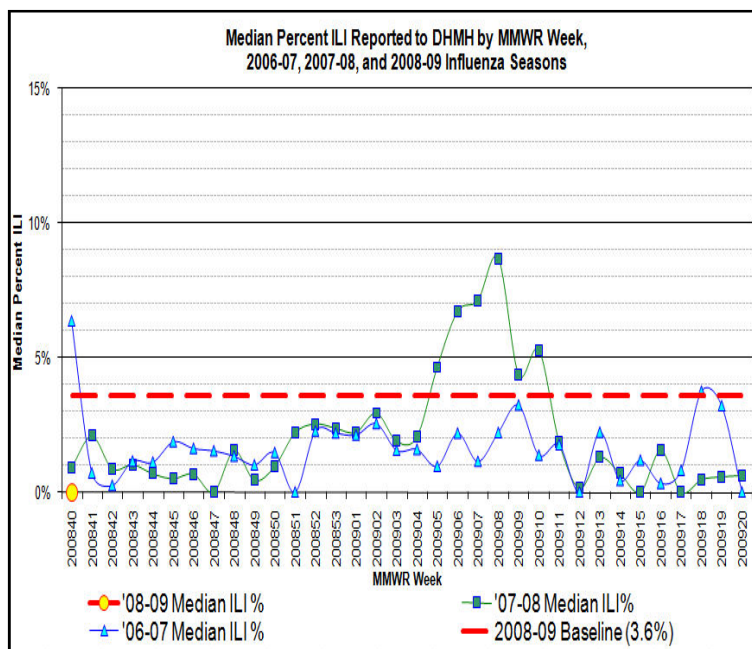
INFLUENZA-LIKE ILLNESS (ILI)

This week, a total of 21 visits for ILI were reported by 7 providers. The median percent of ILI visits in Maryland was 0.0%. This is **below** the state baseline of 3.6%.

Sentinel providers are health care providers who report to us the proportion of patient visits for influenza like illness. Because of the great variability in reported ILI

proportions among providers each week, the median ILI is used instead of the average. Half of the ILI reports were below the median and half were above.

If you are interested in becoming a sentinel provider, please feel free to contact us at addresses on page 4.

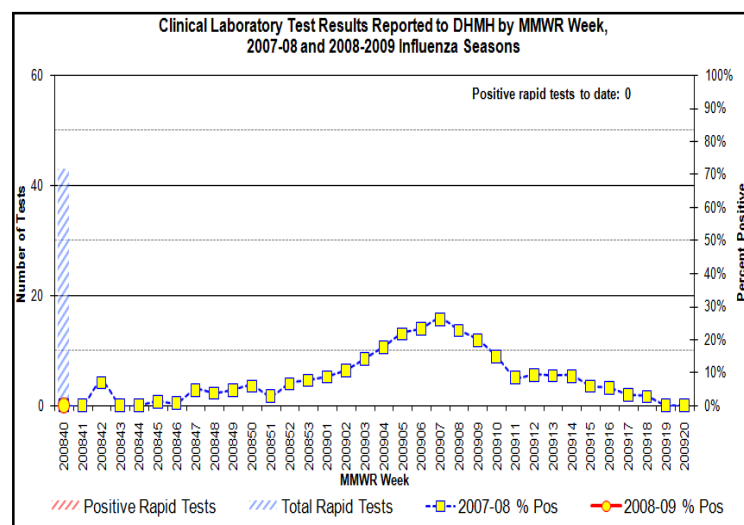


LABORATORY REPORTS - RAPID INFLUENZA TESTS

This week, a total of 43 rapid influenza tests were performed by 11 reporting clinical laboratories. Of these, **none were positive**.

Because the sensitivity and specificity of rapid flu tests vary with the prevalence of influenza in the population*, rapid

flu tests performed before the first DHMH lab-confirmed case are not counted as confirmed cases. Once the DHMH laboratory confirms a case by reference methods, all rapid influenza tests will be counted as confirmed cases.



* "Rapid Diagnostic Testing for Influenza", Centers for Disease Control and Prevention. Available at: <http://www.cdc.gov/flu/professionals/diagnosis/rapidclin.htm>

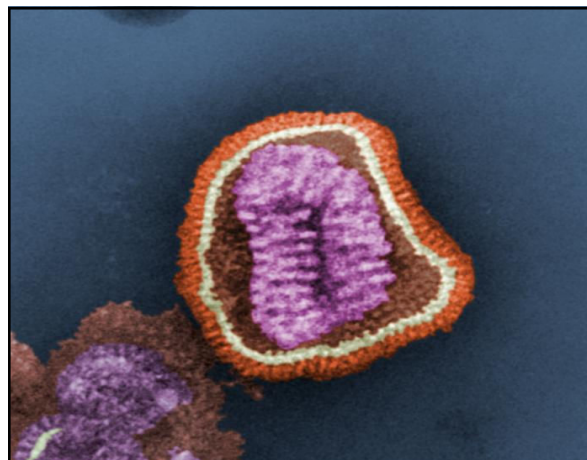
MARYLAND INFLUENZA SURVEILLANCE REPORT

DHMH STATE LABORATORY ISOLATE TYPING AND SUBTYPING

The Maryland Department of Health and Mental Hygiene Laboratories Administration conducts reference testing for influenza on respiratory samples. These tests are real-time PCR and viral culture. Any sample positive by these methods is considered lab-confirmed.

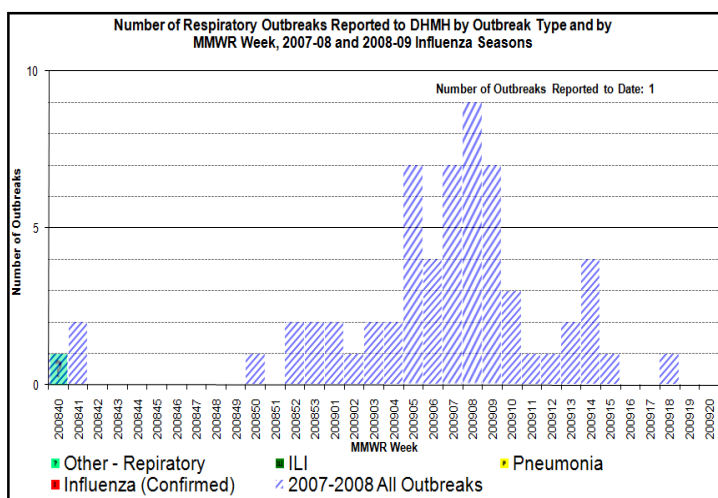
A sample of isolates processed at DHMH lab is sent to CDC for further testing, including the determination of the circulating strains.

To date this season, there have been no lab-confirmed cases of influenza reported to DHMH.



Influenza virus electron micrograph (courtesy of the CDC Public Health Image Library)

INSTITUTIONAL OUTBREAKS REPORTED TO DHMH



No outbreaks of influenza or influenza-like illness were reported to DHMH this week.

Although influenza is not a reportable condition in Maryland, outbreaks of influenza in institutional settings are reportable. Please contact your local health

department to report an outbreak.

For more information about outbreak investigations in Maryland, please visit:

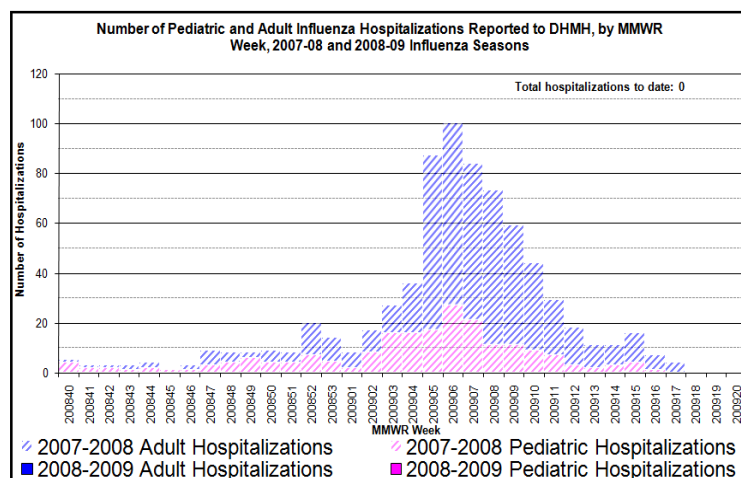
<http://www.edcp.org/>

INFLUENZA HOSPITALIZATIONS REPORTED TO DHMH

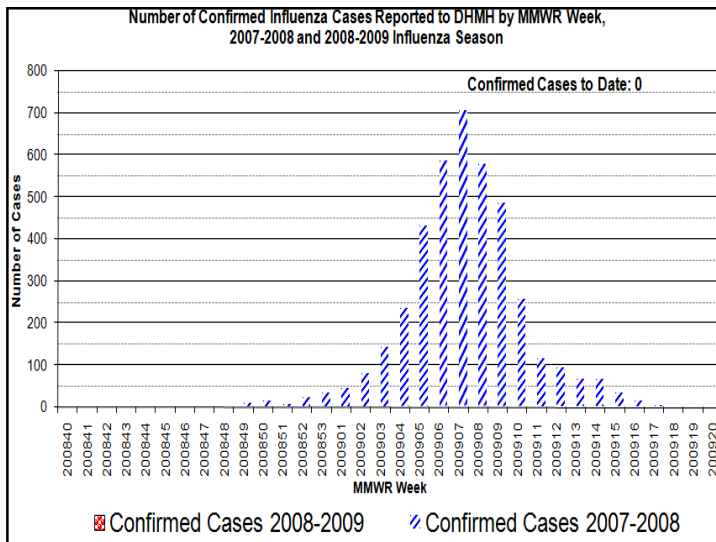
The Emerging Infections Program collects information on a weekly basis from several hospitals in the Baltimore Metro Region on the number of hospitalizations associated with influenza. The number of hospitalizations is grouped by age into two categories: pe-

diatric (for patients under 18 years of age), and adults (for patients 18 years of age and older).

To date this season, there have been no hospitalizations associated with influenza reported to DHMH.



MARYLAND LAB-CONFIRMED CASES OF INFLUENZA



Cases are not confirmed by rapid flu test until the first influenza isolate is detected at DHMH lab. After that first isolate, all clinical laboratory tests that are positive are counted as confirmed cases of influenza.

Because there have been no DHMH lab-confirmed cases of influ-

enza to date, our case count for the 2008-2009 season remains at zero. Last season, we received reports of 4,029 lab-confirmed cases, with the peak number of cases (708) reported on week 7 (February 10-16, 2008).

MARYLAND RESIDENT INFLUENZA TRACKING SURVEY

The Maryland Resident Influenza Tracking Survey is a new component to influenza surveillance this season. Residents of Maryland with access to the internet can report to DHMH whether or not they had any flu-like symptoms during the flu season. After signing up at

www.tinyurl.com/flu-enroll, participants will receive a weekly e-mail with the survey web link from October to May. Through the online survey, participants can report if they had fever, cough, or sore throat at any time during the previous week. The program begins next week!

Please help get the word out on this program by letting your friends, family, and coworkers know that they can sign up online at the address above, and that the weekly reporting takes no more than 5 minutes and helps track this very serious disease.



Dr. Laver (image courtesy of the Washington University School of Medicine, St. Louis)

W. GRAEME LAVER, PhD (1929-2008)

Australian scientist and pioneer in the field of influenza virology W. Graeme Laver, PhD, died on October 6 in London. Dr. Laver led the research into antiviral medications against influenza, eventually helping to develop Relenza® and Tamiflu®. In his later years, Dr. Laver warned against the

misuse of antivirals during a flu pandemic. Criticizing the Australian Government's pandemic flu plan to use Tamiflu®, Dr. Laver wrote, "The plan was to use the stockpile to give Tamiflu to 'essential workers' to be used prophylactically... What happens, after 6 weeks when the stockpile is used up

and the pandemic is still raging?" He proposed a procedure where symptomatic people are tested and treated on the spot, doing away with prophylactic use of antivirals. **Dr. Laver's paper to the Royal Society and Academy of Medical Sciences:**

www.tinyurl.com/drlaver

**Division of Communicable
Disease Surveillance |
Office of Epidemiology and
Disease Control Programs |
Maryland Department of Health
and Mental Hygiene**

201 West Preston Street
3rd Floor, Unit #26
Baltimore, MD 21201

Phone: 410-767-6700
Fax: 410-696-4215
E-mail: flu@dhmh.state.md.us

HEALTHY PEOPLE HEALTY COMMUNITIES

All information submitted to DHMH through the surveillance systems is voluntary. This information is used to estimate the geographic extent of flu activity, and not the virulence or pathogenicity of circulating viruses. This information is not intended for individual diagnoses.

**ALL INFORMATION IS SUBJECT TO CHANGE AS MORE DATA IS
SUBMITTED AFTER THE PUBLICATION OF THIS REPORT**

If you have any questions about influenza surveillance in Maryland, or you would like to join our Influenza Sentinel Provider Network, please contact Rene F. Najera, MPH, Epidemiologist at the Division of Communicable Disease Surveillance in the Office of Epidemiology and Disease Control Programs.

WE'RE ON THE WEB!!!

WWW.EDCP.ORG

The Best Message: Wash Your Hands!

When asked what message he would leave to future generations if society collapsed completely and had to be rebuilt from the ground up, a guest on a radio show said that he would leave one simple message: "Wash your hands!" He said that the practice of washing our hands allowed for disease transmission to be reduced and society to progress when less of its members were sick or dead from preventable diseases. Unfortunately, according to the Centers for Disease Control and Prevention (CDC), 1 in 3 adults do not wash their hands like they should. A survey by the Minnesota Department of Health found that up to 40% of restroom users at Penn Station in New York and up to 54% of male restroom users at an Atlanta Braves game did not wash their

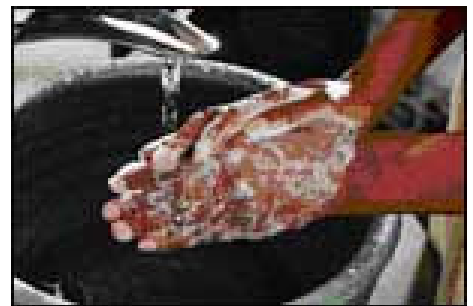
hands!

While there are other ways of preventing and dealing with the flu, like vaccines, social distancing, and antiviral medication, by far the most cost-efficient method is soap and water. Of course, soap and water are not always available. In those instances, hand sanitizer is good enough while you find a place to wash your hands. Why wash your hands after using a sanitizer? Because viruses like Norovirus (a cause of gastroenteritis outbreaks) is not killed by alcohol-based hand sanitizers.

Like looking both ways before crossing the street, or putting on your seat belt, hand washing is one of those things that requires building a habit of doing something very beneficial.

So practice washing your hands before and after eating, after visiting the restroom, visiting a patient's room in a hospital, or even visiting the metro or the bus. Just wash, wash, wash! For more information:

www.tinyurl.com/mayohw
www.tinyurl.com/cdcwash
www.tinyurl.com/henryhand



Washing your hands is worth the effort!
(image courtesy of CDC)